

# 517.1 MNCS EARLY ENTRANCE TO KINDERGARTEN

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## Elementary School Contact Information

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Children are eligible to be considered for early entrance to Kindergarten or First Grade at MNCS if their birth date falls between September 1 and October 31 of the year they intend to enroll AND all application materials listed below are submitted.

## Application Materials required for consideration for Early Entrance to Kindergarten.

Please return the following documents on or before May 1<sup>st</sup>.

1. MNCS Enrollment Application
2. A copy of your child's birth certificate
3. A completed MNCS Early Entrance to Kindergarten Questionnaire (see below)
4. A completed MDH & Minnesota Department of Education Child Health and Developmental Screening Form signed by a physician (pages 3&4 of this document or found at [www.education.state.mn.us/MDE/fam/elsprog/screen/](http://www.education.state.mn.us/MDE/fam/elsprog/screen/))
5. A Preschool Screening Summary completed through another school district
6. A reference letter from a Licensed Preschool Teacher who is not related to the child

## EARLY ENTRANCE TO KINDERGARTEN QUESTIONNAIRE

CHILD'S FULL NAME: \_\_\_\_\_

VERIFIED DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ Email: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

Was an Early Childhood Screening completed for this child? \_\_\_\_\_

Name and number of the school district completing the screening: \_\_\_\_\_

List names and ages/grades of brothers and/or sisters and indicate if they are currently enrolled at MNCS.

<i>Sibling Name</i>	<i>Age/Grade</i>	<i>Enrolled at MNCS?</i>

If your child has attended a preschool or day care, list school/daycare's name, and length of attendance.

<i>School Name/Location</i>	<i>Length of Attendance</i>

What benefits do you see for your child in starting early entrance kindergarten?

What have your child's preschool experiences been thus far?

How does your child feel about school?

A kindergarten student's school day at MNCS is approximately 7 hours in length, explain how you anticipate that your child will perform in a highly-structured full-day school experience

For what period of time does your child maintain interest in an activity or game? Please share an example.

Describe how your child responds when he or she tries but cannot do something.

Please select one:

Does your child prefer to play alone? \_\_\_\_\_

With one or two other children? \_\_\_\_\_

With a group of children? \_\_\_\_\_

What are your child's favorite play activities with other children?

Is this child able to dress completely without help, except for tying shoes? \_\_\_\_\_

Including tying shoes? \_\_\_\_\_ Able to dress in winter clothing? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian